

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1601-0014)**

**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:**

DHS seeks to develop a **research-supported** cyber outreach campaign with compelling, targeted messages that raise awareness of cybersecurity issues and educate the public on DHS’ role in protecting the public’s safety, security, and privacy when online.

This research project consists of two “waves” of research, both consisting of online qualitative focus groups. **This Request for Approval is for the first online qualitative focus group.** A separate request has been completed for the second online qualitative survey. The overall results of the research will provide DHS with current research findings, tested messages, outreach components, and recommendations to develop and implement a cybersecurity outreach campaign that delivers the greatest impact.

The objectives of the online qualitative focus group include:

- Determine awareness and understanding of cybersecurity.
- Identify perceived government role in cybersecurity and educating the public about cybersecurity.
- Explore DHS’ perceived credibility as a source of cyber protection information.
- Identify potential communications strategies.
- Explore resonant broader impact/shared responsibility messages by generation.
- Identify effective and preferred communications channels with which to conduct outreach to the audiences.
- Discuss messaging techniques that would be effective.
- Explore the public’s awareness of the impact of online behavior on individuals and national security.

**DESCRIPTION OF RESPONDENTS:**

LMD will conduct 20 (one for each generational segment in each geographic area) online focus groups using a consumer panel representative of each age group and geographic area, with a total of approximately 160-200 participants across all focus groups. Participants may have experienced cybersecurity messages from DHS in the past or may experience them in the future.

**TYPE OF COLLECTION:** (Check one)


- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form              | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software)     | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" type="checkbox"/> Focus Group ( <a href="#">online</a> ) | <input type="checkbox"/> Other:                       |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.

4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Robert M. Davis DHS Mpd 

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [x] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	Approx. 200	2 hours	400
<b>Totals</b>	Approx. 200	2 hours	400

**FEDERAL COST:** The estimated annual cost to the Federal government is \$81,500

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [x] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Respondents will consist of members of the general public residing in the United States. These respondents participate in a national consumer panel and have *voluntarily* elected to participate in qualitative market research. Respondents meeting the appropriate demographic will be chosen at random from the pool of participants.

**Administration of the Instrument**



1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain:

2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

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